

# Mathematics Student Progress

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## Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Current Grade \_\_\_\_\_ Test Average: \_\_\_\_\_ Quiz Average: \_\_\_\_\_  
Has parent contact been made? ☐ Yes ☐ No

## Class Information

### *Lesson Interventions*

- |   |   |
|---|---|
| <input type="checkbox"/> After-School Tutoring                      | <input type="checkbox"/> Chunk Tasks                      |
| <input type="checkbox"/> Study Hall tutoring                        | <input type="checkbox"/> Concept Mapping                  |
| <input type="checkbox"/> Independent Practice                       | <input type="checkbox"/> Provide Additional Presentations |
| <input type="checkbox"/> Guided Practice                            | <input type="checkbox"/> Change Presentation Mode         |
| <input type="checkbox"/> Daily usage of Student Planner             | <input type="checkbox"/> Change Response Mode             |
| <input type="checkbox"/> Use of Graphic Organizers                  | <input type="checkbox"/> Use of Concrete Examples         |
| <input type="checkbox"/> Guided Notes                               | <input type="checkbox"/> Tiered Learning                  |
| <input type="checkbox"/> Clarify Directions/Check for Understanding | <input type="checkbox"/> Think-Pair Share                 |
| <input type="checkbox"/> Scaffold the Learning Task                 | <input type="checkbox"/> Alter Assessment Materials       |
| .   | <input type="checkbox"/> Other: _____                     |

## Academic Concerns

- ☐ Poor Study Habits  
☐ Poor Test Taking Skills  
☐ Does not complete homework  
☐ Lacks Prior Knowledge  
☐ Lacks Motivation to Learn

## Behavior Concerns

## Teacher Information

Math Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Class Period that student attends: \_\_\_\_\_

## Tutor Information

Is student attending tutoring at the scheduled time? ☐ Yes ☐ No  
Is student attending after-school tutoring? ☐ Yes ☐ No

## Review of Progress